



Medicines Policy for Supporting Children in School

Status	Current Policy
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Review Cycle	Annual
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Vision and Values

Our school vision is to provide an *outstanding, nurturing, learning environment*, where all our pupils can achieve their full potential and progress to lead happy and fulfilling lives.

Our mission is to provide each and every pupil with the best possible education, delivered in an environment that is supportive, caring and safe.

“Getting it right for every pupil”

At Stone Bay we focus on *Evolving Excellence* in all that we do, working towards making our school the best it can be for pupils, staff and families. We are creating lasting *Trust* with all our stakeholders, *Empowering* each other to learn and grow. By adhering to policies and clear processes we ensure *Fairness* and transparency in our decision making and actions, whilst ensuring we are *Collaborating* with others and always looking for ways to help each other to deliver excellence for our pupils.

Rights Respecting Schools

The Unicef UK Rights Respecting School Award (RRSA) is based on principles of equality, dignity, respect, non-discrimination and participation. The RRSA seeks to put the UN Convention on the Rights of the Child at the heart of a school’s ethos and culture to improve well-being and develop every child’s talents and abilities to their full potential. A Rights Respecting School is a community where children’s rights are learned, taught, practised, respected, protected and promoted.

Stone Bay has been awarded the Silver Award by UNICEF. This is awarded to UK schools that show good progress towards embedding children’s rights in the school’s policy, practice and ethos, as outlined in the RRSA Strands and Outcomes

Staff wellbeing

The Leadership Team and the Governing Board of Stone Bay School are committed to promoting positive mental, physical and emotional wellbeing and to providing suitable support for all staff. Taking action to prevent ill health and promote good health makes good educational and business sense, as sickness absence carries high costs both in monetary terms and in terms of the impact upon performance, teaching and learning, morale and productivity, which may disrupt or compromise pupil progress.

All members of staff are entitled to be treated fairly and professionally at all times. The Governing Board of Stone Bay School takes very seriously its duty of care as an employer to all members of staff and a number of policies and procedures have been made in relation to this duty.

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1.0 INTRODUCTION

This policy has been developed to assist Headteachers, School Leaders, School Governors, School Staff and Healthcare professionals on safely managing medicines within Special Schools.

'Schools' and 'appropriate authorities' (governing bodies of maintained schools, proprietors of academies and management committees in Pupil Referral Units) have a duty under part 5 section 100 of the Children and Families Act 2014 to support pupils at school who have medical conditions.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. The aim is to keep children in school rather than restrict their education through exclusion on medical grounds.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. In the first instance the individual with parental responsibility or nurse should liaise with the prescriber to explore options to prevent medication from being brought into school.

When it is necessary for children to take their medication during school hours, teachers or school staff may be asked to support a student with medical needs by administering medication or a medical device after receiving appropriate training.

Medicines administered at school should be done so safely and effectively. This should be done by trained competent staff with appropriate documentation for each pupil. All medicine should be stored & handled in a safe, secure manner, away from sight and reach of children. All medicine administration and storage documentation, including scheduled controlled drugs, should meet the minimum requirement in UK Law.

2.0 LEGISLATION

This policy relates to:

Children and Families Act 2014

Equality Act 2010

Misuse of Drugs Act 1971

The Medicines Act 1968

Mental Capacity Act 2005

The Children's Act 1989

The Education Act 2002

The Human Medicines Regulations 2012

GDPR 2018

3.0 RESPONSIBILITIES

The governing body for each school should ensure that the school's policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support pupils in school with medical conditions.

3.1 Governing Bodies

Governing bodies must plan to support pupils with medical conditions in school that will include making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. The policy should be reviewed regularly and be accessible to parents/guardians and school staff. The Governing bodies should ensure that sufficient staff have received suitable training and are assessed in their competency before they take on responsibility to support children with medical conditions.

3.2 Parental Responsibility

The individual with parental responsibility should provide the school with sufficient and up to date information about their child's medical needs and should be involved where possible in the development of the child's individual care plan.

Parents/guardians must also complete a consent form, giving permission for school staff to administer each medication to the child.

It is the individual with parental responsibilities duty to provide the school with the correct medication and any required equipment.

The school and Kent Community Health Foundation Trust have a shared care agreement so information can be shared about the child or young person's needs. If the parent chooses to opt out then information sharing would occur on an individual basis. Sharing of information will always be in the best interest of the pupil, following GDPR and professional judgement. However, in cases of confidentiality the safeguarding of the pupil must take precedence.

Prescribed medicines should only be taken during school hours after it has been deemed essential by the prescriber. The medication should be in the original container with a pharmacy dispensing label which includes the full dosage instructions.

Parents/guardians should be encouraged to review dose frequencies, formulation and timing of medication so that where possible, medicines can be taken outside of school hours. Changes of dosage timings for medications should be discussed firstly with a Pharmacist or GP for clinical appropriateness.

3.3 Senior Leadership Team

Senior leadership team should ensure that their school's policy is developed and effectively implemented. This includes ensuring that all staff are aware of the policy for supporting medicines management for those with medical conditions and understand their role in complying with the policy. Senior leadership team should ensure that staff have received appropriate training to support children and young people with medication. The school leadership team should also ensure that sufficient numbers of staff are trained to cover for emergency situations and deliver against the child's plans.

3.4 School Staff

School staff need to receive medicines theory training and complete the level of competency required before they take on the responsibility of medication management. All competencies should be reviewed yearly as a minimum.

3.5 Pupils

Pupils with medical conditions may be able to provide information about how their condition affects them where possible. If a child is able to manage their medication they should be involved in discussions about their medical support needs.

3.6 Ofsted

Ofsted Inspectors will consider the needs of pupils with chronic or long-term medical conditions so that they can report on how well the needs of these pupils are met. Schools will normally need to produce a copy of their medicines management policy and demonstrate that it is being followed.

3.7 Liability and Indemnity

Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication.

4.0 TRANSPORTATION OF MEDICATION TO AND FROM SCHOOL

Medication coming in from home to school or being returned from school to home should be put in either a sealed envelope/wallet with the child's name on it or stored as per local school procedure.

5.0 RECEIPT OF A MEDICATION

Upon receipt of medication into school from home, medication should be checked for accuracy by ideally two members of appropriately trained staff. The medication should ideally be in the original unopened container with a dispensing label from the pharmacy which includes the pupil's name, the medication, strength, dose and frequency of administration. The expiry date of the medication should also be checked. Ideally medicines should not be labelled 'as directed'. Medication that is labelled 'as directed' must have supporting documents from the prescriber with the most current dose. Individuals with parental responsibility should be made aware of the minimum requirements needed for medication brought into school.

6.0 STORAGE OF MEDICATION

Medication when not in use should be stored in a locked cupboard in a cool dry area that is not accessible to the pupils in the class.

Any medicines cupboard that contains schedule 2 controlled drugs (CD's) must be wall or floor mounted and lockable. It is highly advisable that schedule 3 CD's are stored in the same way, although this is not a legal requirement.

Emergency medicines including CD's, must not be locked away, as in event of an emergency the medication needs to be as accessible as possible. However, they should not visually be on display.

Any medication that requires refrigeration must be kept in a fridge. Ideally this should be a medical grade fridge that stores medication only.

6.1 Temperature Monitoring

Both ambient and refrigerator temperatures where medication is held should be monitored and recorded every day the service operates.

The ambient temperature should be 25°C or less, and the refrigerator temperature should be between 2°C and 8°C. Fridge temperatures should be read, recorded and reset daily. In the instance where there are any deviations from the above range, advice should be sought from the staff member responsible for health. All temperature recordings must be kept for a minimum of a year.

7.0 ADMINISTRATION OF MEDICINE

The administration and witnessing of medication must only be carried out by a trained competent member of school staff, following the 5 R's + 1 (Right child, Right medication, Right dose, Right route, Right strength and Right document). The expiry date should also be checked at each administration.

A child or young person should be encouraged to take prescribed medication. If a dose is missed, refused or omitted it should be annotated on the MAR chart, and the individual with parental responsibility and the school staff responsible for health should be informed immediately.

Only one child should be administered medication at one time. Medication being administered must be checked by two members of trained school staff, and both should sign and annotate the time administered on the MAR chart immediately the medication has been given.

7.1 Controlled Drugs (CD's)

On receipt of a controlled drug, the medication must be checked ideally by two members of appropriately trained school staff. The medication should ideally be in the original unopened packaging with the pharmacy dispensing label displayed.

The quantity must be checked and entered into the controlled drug register or the schools equivalent, and then signed by both members of school staff.

The balance should be checked by two members of school staff at each administration and any discrepancies should be reported to the school's controlled drug accountable officer.

Two members of staff should sign and document the time on the MAR chart once the medication has been administered.

Controlled drug registers, or the schools equivalent, need to be kept for two years from the last date of entry.

When controlled medication is sent home at the agreed time as per local school procedure it should be signed out of the CD register or equivalent accordingly.

7.2 Emergency Medication

Emergency medication such as buccal Midazolam must only be administered by a member of school staff that has been trained and had their practical theory simulation. The medication must be given as and when stated in the child's emergency plan.

Emergency medication must always be readily accessible. A copy of the child's individual management plan/authorisation form should be kept with the medication and should include clear precise details of the action to be taken in an emergency.

Pupils prescribed emergency medication must have it in school. However, it is advised that the school keeps an emergency supply of a salbutamol inhaler and adrenaline (EpiPen®) which can be obtained from community pharmacy. Schools that choose to keep a supply must only give them to children for who it is already prescribed.

7.3 Over the Counter Medication (OTC)

Over the counter medications such as Paracetamol and antihistamines should only be given if the consent form has been signed by the individual with parental responsibility, and there is a legitimate reason for the medication to be given. The reason for administering the over the counter medication should be documented on the MAR chart. Signed consent from the individual with parental responsibility must be obtained prior to medication being given and there must be a legitimate reason. If medication is routinely being given then the parent should supply their own bottle. Once opened, a stock bottle of paracetamol must be kept for no longer than 3 months. The expiry date if liquid medication will be determined on an individualised basis.

No over the counter medication should be given on a regular basis such as three consecutive days or more than once per month, and if this is occurring, the school lead responsible for health should be alerted, so this can be followed up with the individual with parental responsibility and possibly the GP.

The individual with parental responsibility should be contacted prior to any doses being administered in school to ensure that a dose has not been previously given at home, and to inform the person/s with parental responsibility what time the dose was given in school, so not to be duplicated at home.

7.4 Medication via Enteral Routes

Only trained school staff that have completed their enteral feeding competency should administer enteral medication. Administration of medication enterally should follow the individualised specialist care plan. The prescribed medication should state via enteral route on the prescription label or at minimum there should be an email or letter from the child's GP/specialist detailing route of administration. All enteral medication that a child needs enterally should be checked for its safety and appropriateness.

7.5 Covert Medication

Covert medication involves the administration of a medicine disguised in food or drink to a child without their knowledge or consent.

Administering medication covertly should only be given if it is in the best interest of the child following a meeting with the child's parent/guardian, healthcare professionals and the prescriber. There should be documented consent from the child's parent/guardian and updated healthcare plans which state how medication can be given covertly. If the situation is urgent (e.g. the child may not receive critical medicines in a timely manner) it is acceptable for a less formal discussion to occur between the staff, a doctor, and the individual/s with parental responsibility to make an urgent decision. However, a formal meeting or documentation to support the decision should be arranged as soon as possible.

Consideration of the type of food or drink needed to administer medication should be taken on an individual basis. If necessary the individual with parental responsibility should supply the food or drink needed to administer medication covertly.

7.6 Self Administration

A child or young person needs to be assessed by the person/s with parental responsibility, school staff, and healthcare professionals to evaluate the possibility of self-administering their own medication. Competent children and young people should be encouraged to self-administer their own medication where possible. If medication is self-administered, it must still be recorded on the MAR chart by the school staff responsible for that child or young person at the time.

Decisions about the level of supervision required and the custody of the medication should be documented and the school should receive consent from the individual/s with parental responsibility.

7.7 Flammable Medicines in Schools

Children may be prescribed medications that contain flammable excipients such as Paraldehyde and paraffin-based creams. Medications that are a fire hazard should have a flammable symbol on it.

All medications that are at risk of exacerbating a fire should be kept in a cool dry place, away from direct sunlight and heat sources.

Paraffin based creams and substances containing alcohol that have been administered or have been in contact with furniture, clothing, towels, dressings etc are also a fire hazard. All prescription only medication creams should be written on the MAR chart.

8.0 RECORD KEEPING

Documentation of medicine administration is compelled by Law to be current, accurate and completed fully. Documentation for children and young people could be required to support clinical investigations or court cases and must be kept up until their 25th birthday, or their 26th if the documentation was made when the child was 17 years of age, as a minimum. In the event of a child dying, records must be kept for at least 8 years from the date of death.

8.1 Consent Documentation

Any child who is required to take medication in school must have signed consent documentation in indelible ink by the individual/s with parental responsibility.

Consent documentation should be completed for each child who will be receiving medication during school hours. This includes regular, short term or when required medication.

The consent documentation must state all medication they wish for the child to have, including dose and directions, and any additional instructions regarding the administration of the medication, as per the dispensing label or the prescription from the GP. An up to date GP prescription, repeat prescription and/or letter from consultant must be provided

If there is a change to the medication or GP/consultant has omitted it, it is the responsibility of the individual with parental responsibility to notify the school immediately. Medication can be altered/omitted as a verbal instruction ideally for no longer than 24 hours. During this time the person/s with parental responsibility must complete additional consent documentation with the updated information.

Consent documentation must be completed at the start of each school year, as a minimum. However, if there is a change to the strength, dose, frequency or form of the medication this must be done immediately.

Old consent documents must be marked that they are no longer in use and signed and dated. They must then be stored (either manually or electronically) so they are away from the current documents.

8.2 Healthcare Plans (HCP)

The HCP must be completed by school staff and the individual with parental responsibility. The HCP's should also include medication that is given at home, both prescribed or obtained over the counter.

HCP's should be updated annually, or if there are any changes that may affect the care of the child.

8.3 Emergency Medication Plans

Emergency medication plans must be completed by appropriate healthcare professionals (e.g. specialist consultant, epilepsy nurses, asthma nurses) along with the individual with parental responsibility.

Emergency plans should be updated ideally annually or at least when there are changes to the prescribed medication.

The emergency plan should indicate at what point an ambulance should be called. However, if there is any doubt whatsoever it is best practice for an ambulance to be called.

See section 12.0 for school trips and visits.

8.4 MAR Charts (Medication Administration Record)

The MAR chart is the legal record of all medication that is administered to the child during school hours.

A MAR chart must include:

- The child's name and date of birth
 - Any allergies the child may have and the reaction or if they have no allergies, this too must be documented.
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- The name and strength of the medication
 - The dose and frequency
 - The route
 - The day and time given
 - The start day and end day (If the medication is short term e.g. antibiotics)
 - Whether the medication is regular, short term or as required
 - Not Administered codes, and the reasons documented.

Ideally two members of staff should sign for the administration of medication, the person who administers and the person who witnesses.

Both routine and PRN medication given to a child during school hours must be recorded on a student's MAR chart.

9.0 MEDICATION RECORDING

The recording of medication onto a MAR chart in school must be completed by a trained school staff member.

A minimum of two sources is recommended to confirm the validity of information about the medicine being recorded.

Sources include:

- Pharmacy dispensing label.
- GP repeat prescription form
- Recent clinic/specialist letter (within one year)

The date on the dispensing label should be checked to ensure that it is within the last 6 months, with the exception of emergency medicines. If the date on the label is longer than 6 months, ensure that the medication is still required and that the dose prescribed is valid. The school may need to ask the individual with parental responsibility to provide a repeat prescription or a copy/picture of the prescription from the medical prescriber.

10.0 SCHOOL TRIPS AND VISITS

Routine medication should be taken on school trips, but may be decided locally based on duration of trip, location and proximity. Emergency medication must always be taken on school outings.

Medication taken on trips should be held by the designated responsible person who is trained to administer medication. The medication should stay with that person ideally in a secure place along with the care plan, MAR chart and emergency plan. MAR charts should be annotated as usual if medication is administered.

If controlled drug medication is taken on an outing, it needs to be signed out of the controlled drug register, or the schools equivalent, by two members of staff, who will then have responsibility, and signed back in with the balance adjusted accordingly.

The decision on whether PRN medication should be taken on short day trips should be risk assessed on an individual basis. PRN medication will need to be taken on both residential and full day trips.

In the event of an emergency, the emergency plan should indicate when an ambulance should be called. Where there is doubt an ambulance should be promptly called.

11.0 RETURN/DISPOSAL OF MEDICATION

It is the responsibility of parents/guardians to dispose of medication if it is no longer suitable. Medication must be returned home to the person/s with parental responsibility, as per local school procedure.

12.0 OXYGEN IN SCHOOL

Oxygen is a prescription only medication. Portable oxygen should only be transported to and from school if it has been reviewed by the prescriber and deemed necessary. An individual's need for oxygen should be reviewed regularly. A risk assessment for the use of oxygen must be completed and filed in the child's health care plan.

Based on national guidance it is not recommended that large quantities of Oxygen are kept in school for health and safety reasons. However in extenuating circumstances that Oxygen cylinders need to be kept in school, it must be stored in a secure place away from naked flames either in a designated storage box, or secured upright in racking and preferably chained. A risk assessment for Oxygen storage in school must be undertaken by the school's health and safety officer or equivalent. There should be a sign on the door of the area stating that oxygen is being stored there.

13.0 INCIDENT REPORTING

A medication incident is any incident or error associated with the use of medication regardless of whether it is a near miss or harm occurred. Such incidents may relate to any part of the medication use process. This includes prescribing, preparation, dispensing, administration and monitoring/recording of the medication and the transfer of associated information.

As soon as an error has been identified for example:

- Administering the wrong medication to a child
- Administering the wrong strength to a child
- Administering the wrong dose to a child
- Expired medication being administered to a child
- A dose being missed or administered late.

The following procedure should be followed:

- Inform the senior medication lead
- Inform the individual with parental responsibility
- Record the incident via the local incident reporting system
- Annotate incident in child's records

Reporting and recording incidents identifies areas of processes and/or practice that may not be as safe, robust or clear as intended. Recording incidences allows for trends in errors to be identified so processes can be improved upon and bespoke training sessions can be given to those that need it. The aim is to improve and promote the safe administration of medicines and to help and support staff members in doing so.

It is the responsibility of the school's senior leadership team and school staff to monitor the recording of incidents, review processes and make amendments if required. The KCHFT healthcare professionals will support the school with action plans from incident trends.

Please see Special School's Governance Framework V7 2021 for further expansion.

14.0 ADMINISTRATION OF MEDICATION TRAINING

Training for the administration of medication will be given to all school staff who are involved with the witnessing and administration of medication.

Training will be provided by the appropriate healthcare professionals and will occur annually or when new members of school staff involved in medicines administration start. Furthermore, this can also take place if a member of staff requests further training.

GOVERNANCE SCHEDULE

Ratification process

Governance Group responsible for developing document	<i>Governance group that is drafting the policy</i>
Circulation group	<i>School Intranet, Policy Distribution</i>
Authorised/Ratified by Governance Group/Board Committee	<i>Board of governors for each school</i>
Authorised/Ratified On	
Review Date	
Review criteria	<i>This document will be reviewed prior to review date if a legislative change or other event dictates.</i>

KEY REFERENCES

These are key documents that the policy, guideline, SOP etc. relies on for best practice or national guidance or a legislative requirement. It is a list of those items that have been relied on for best practice and influence the requirements of the document.

Title	Reference
Supporting Pupils at School with Medical Conditions	Department for Education
Meeting Health Needs in Educational and other Community Settings 2018	Royal College of Nursing
Professional Guidance on the Administration of Medicines in Health Care Settings 2019	Royal Pharmaceutical Society
Information Sharing Agreement between KCHFT and Nursing	

DOCUMENT TRACKING SYSTEM

Version	Status	Date	Issued to/Approved by	Comments/Summary of Changes
V1				A new policy developed to meet needs of services delivered to Special Schools

MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY

Monitoring matrix:

What will be monitored?	How will it be monitored?	Who will monitor?	Frequency
Record Keeping (MAR charts, medicine storage)	Audits	Specialist Pharmacy Technicians	Annually
Knowledge and compliance of medication administration	Competencies	School Nurses	Annually, or for all new starters
Incidents	Incident Reporting System	Senior leadership team and school staff	Once a month, or immediately if a serious incident occurs.